



Handwritten initials and a dollar sign.

PTO/SB/21 (08-00)

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>Application Number</b>	10/815,813		
	<b>Filing Date</b>	April 2, 2004	
	<b>First Named Inventor</b>	Koichiro TANAKA et al.	
	<b>Group Art Unit</b>	2814	
	<b>Examiner Name</b>	A. Chambliss	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	0756-7283

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosures 1. Pre-Appeal Brief Request for Review 2. 3. 4. 5. 6.
<b>Remarks</b>		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

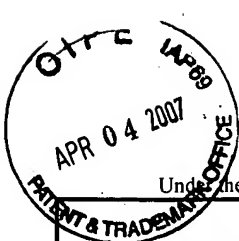
Firm or Individual name	Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165
Signature	
Date	April 2, 2007

## CERTIFICATE OF MAILING

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Type or printed name	Eric Robinson		
Signature		Date	April 2, 2007

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**FEE TRANSMITTAL  
FOR FY 2005**

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 950.00)

## Complete if Known

Application Number	10/815,813
Filing Date	April 2, 2004
First Named Inventor	Koichiro TANAKA et al.
Examiner Name	A. Chambliss
Group Art Unit	2814
Attorney Docket No.	0756-7283

## METHOD OF PAYMENT

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

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50-2280

Deposit  
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- ☒
- Charge Any Additional Fee Required
- 
- Under 37 CFR 1.16 and 1.17 and
- 
- credit overpayments

☐ Applicant claims small entity status.  
See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:

☒ Check ☐ Credit Card ☐ Money  
Order ☐ Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1001 300	2001 150	Utility filing fee	
1111 500	2111 250	Search fee	
1311 200	2311 275	Examination fee	
Over 100 Sheets/250 for each additional 50			

SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20** =	\$50	
Independent Claims	-3** =	\$200	
Multiple Dependent			

Large Entity Fee Code	Small Entity Fee Code	Fee Description
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple dependent claim, if not paid
1204 200	2204 100	** Reissue independent claims over original patent
1205 50	2205 25	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1051 130	2051 65			Surcharge - late filing fee or oath	
1052 50	2052 25			Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130			Non-English specification	
1812 2,520	1812 2,520			For filing a request for <i>ex parte</i> reexamination	
1804 920*	1804 920*			Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*			Requesting publication of SIR after Examiner action	
1251 120	2251 60			Extension for reply within first month	
1252 450	2252 225			Extension for reply within second month	\$450.00
1253 1020	2253 510			Extension for reply within third month	
1254 1,590	2254 795			Extension for reply within fourth month	
1255 2,160	2255 1080			Extension for reply within fifth month	
1401 500	2401 250			Notice of Appeal	\$500.00
1402 500	2402 250			Filing a brief in support of an appeal	
1403 1000	2403 500			Request for oral hearing	
1451 1,510	1451 1,510			Petition to institute a public use proceeding	
1452 500	2452 250			Petition to revive - unavoidable	
1453 1,500	2453 750			Petition to revive - unintentional	
1501 1,400	2501 700			Utility issue fee (or reissue)	
1502 800	2502 400			Design issue fee	
1503 1100	2503 550			Plant issue fee	
1462 400	1462 400			Petitions, Group I	
1463 200	1463 200			Petitions, Group II	
1464 130	1464 130			Petitions, Group III	
1807 50	1807 50			Processing fee under 37 CR 1.17(q)	
1806 180	1806 180			Submission of Information Disclosure Stmt	
8021 40	8021 40			Recording each patent assignment per property (times number of properties)	
1809 790	2809 395			Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 790	2810 395			For each additional invention to be examined (37 CFR § 1.129(b))	
1801 790	2801 395			Request for Continued Examination (RCE)	
1802 900	1802 900			Request for expedited examination of a design application	
Other fee (specify) _____					
* Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$ 950.00)	

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## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	Eric J. Robinson	Registration No.	38,285	Telephone	(571) 434-6789
Signature		(Attorney/Agent)		Date	April 2, 2007